

CITY OF LINCOLN/LANCASTER COUNTY
CONTRACT AWARD NOTIFICATION
SPECIFICATION NO.04-279
ANNUAL REQUIREMENTS FOR STARTRAN BROKERAGE
SERVICE (ADDTL SERVICES)

DATE: December 6,2004

CONTRACT PERIOD: Dec.1,2004 thru Nov. 30, 2005

CONTRACTOR: Transport Plus of Lincoln
1525 Patterson Drive
Lincoln NE 68522

PURCHASING DIVISION
K-STREET COMPLEX
440 SOUTH 8TH STREET
LINCOLN, NEBRASKA 68508
(402) 441-7410

Company Representative: Vicki Harding
Telephone No.: 402-730-7303
FAX No.:
E-Mail Address:

THE CITY/COUNTY'S SPECIFICATIONS AND THE CONTRACTOR'S ACCEPTED PROPOSAL AND PRICING SCHEDULES, NOW ON FILE IN THE OFFICE OF THE CITY CLERK AND/OR THE COUNTY CLERK, ARE ADOPTED BY REFERENCE AND ARE AS FULLY A PART OF THIS CONTRACT FOR THE ABOVE-NAMED COMMODITY AS IF REPEATED VERBATIM HEREIN.

Per Specifications 04-279 dated 11/5/04

NO ACTION NEED BE TAKEN BY THE CONTRACTOR AT THIS TIME. ORDERS FOR MATERIAL WILL BE MADE AS NEEDED BY THE VARIOUS CITY/COUNTY DEPARTMENTS.

DEPARTMENTS REQUIRING CATALOGS AND/OR PRICING SCHEDULES SHALL NOTIFY THE CONTRACTOR DIRECTLY.

f/sharpurch/awardnotification/co04279t

E.O. # 71858
Dated: 11/30/04

COMPANY NAME Transport Plus of Lincoln

**PROPOSAL
SPECIFICATION NO. 04-279**

**BID OPENING TIME: 12:00 NOON
DATE: November 10, 2004**

The undersigned bidder, having full knowledge of the requirements of the City of Lincoln and County of Lancaster for the below listed items and the contract documents (which include Notice to Bidders, Instructions to Bidders, this Proposal, Specifications, Contract, and any and all addenda) and all other conditions of the Proposal, agrees to sell to the City and the County the Below listed items for the performance of this Specification, complete in every respect, in strict accordance with the contract documents at and for unit prices listed below.

**THE REQUIREMENTS FOR:
STARTRAN BROKERAGE SERVICE
(ADDITIONAL SERVICES)**

Bidder's Note: StarTran reserves the right to award split contracts for the Brokerage Service.

**BIDDING SCHEDULE
StarTran Brokerage Service
(Additional Services)**

History of StarTran Brokerage Service

Item 1.	FY 01-02	FY 02-03	FY 03-2004 (ending Aug 2004)
Total Passengers	22,962	18,305	16,489
Total Miles	114,587	94,203	86,331
Avg. Trip Length Miles	4.99	5.15	5.23
Avg. No. of Service Days Per Year	256	256	256

As detailed in Appendix A (by the Contractor) estimate the total cost for the program for one year based on 16,000 trips. Billings will be made on a per trip basis. (No guarantees to the exact number of trips and or trip lengths).

Two hundred forty thousand dollars
Write out numbers in full

\$ 240,000.00

The undersigned signatory for the bidder represents and warrants that he has full and complete authority to submit this proposal to the City, and to enter into a contract if this proposal is accepted.

RETURN 2 COMPLETE COPIES OF PROPOSAL AND SUPPORTING MATERIAL.

MARK OUTSIDE OF BID ENVELOPE: SEALED BID FOR SPEC. 04-279

<u>Transport Plus of Lincoln Inc.</u> COMPANY NAME	<u>Vicki Harding</u> BY (Signature)
<u>1525 Patterson Drive</u> STREET ADDRESS or P.O. BOX	<u>Vicki Harding</u> (Print Name)
<u>Lincoln NE 68522</u> CITY, STATE ZIP CODE	<u>President</u> (Title)
<u>402-730-7303</u> TELEPHONE	<u>11-5-2004</u> (Date)
<u>91-1815687</u> EMPLOYER'S FEDERAL I.D. NO. OR SOCIAL SECURITY NUMBER	<u>ESTIMATED DELIVERY DAYS</u>

TERMS OF PAYMENT

BIDS MAY BE INSPECTED IN THE PURCHASING DIVISION OFFICES DURING NORMAL BUSINESS HOURS, AFTER TABULATION BY THE PURCHASING AGENT. IF YOU DESIRE A COPY OF THE BID TABULATION TO BE MAILED TO YOU, YOU MUST ENCLOSE SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR BIDDING DOCUMENTS.

Appendix A

Contractors Proposed Compensation Package for StarTran Brokerage Service. Explain in detail your proposed fare rate per trip and structure for billing purposes on this program.

FARE RATE PER TRIP:

- | | | |
|----|--------------------------|-----------|
| A. | Ambulatory rate per trip | 15.00 |
| B. | Wheelchair rate per trip | 20.00 |
| C. | Half fare per trip | 7.00 |
| D. | Escorts | no charge |

We are a current contractor with Startran. We have a billing structure already in place that is agreeable by both parties.

Billing paperwork will be submitted weekly per request from Startran.

Examples

- A. Flat rate per trip
- B. Graduated on the number of trips

APPENDIX B

REQUIREMENTS FOR REPORTING OF INFORMATION PURSUANT TO SECTION 15 OF THE URBAN MASS TRANSPORTATION ACT OF 1964, AS AMENDED

- A. Revenue vehicle inventory classifications.
- B. Total number vehicles operated in maximum service.
- C. Total number vehicles available for maximum service.
- D. Total vehicle hours and miles.(odometer)
- E. Total vehicle revenue miles.(odometer)
- F. Total one-way passenger trips.
- G. Total passenger miles(odometer plus second/third passenger miles per trip)

APPENDIX C

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SEE NEXT PAGE

BROKERAGE SERVICE

DATE 8/13/04

☐ Yes ☐ No Standing Appointment

Odometer Finish _____
Start _____
TOTAL _____

805 (AM) PM Pick-up Time 2610 4.60 - 2 First pick-up address
555 5.10 Last drop-off address

ID#	ESCORT	METHOD OF PAYMENT		SIGNATURE
<u>2829</u> (1)	<input type="checkbox"/> YES	<input type="checkbox"/> CASH	<input type="checkbox"/> PUNCH	
	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> PASS <u>1602</u>	<input type="checkbox"/> TOKEN	
(2)	<input type="checkbox"/> YES	<input type="checkbox"/> CASH	<input type="checkbox"/> PUNCH	
	<input type="checkbox"/> NO	<input type="checkbox"/> PASS	<input type="checkbox"/> TOKEN	
(3)	<input type="checkbox"/> YES	<input type="checkbox"/> CASH	<input type="checkbox"/> PUNCH	
	<input type="checkbox"/> NO	<input type="checkbox"/> PASS	<input type="checkbox"/> TOKEN	
(4)	<input type="checkbox"/> YES	<input type="checkbox"/> CASH	<input type="checkbox"/> PUNCH	
	<input type="checkbox"/> NO	<input type="checkbox"/> PASS	<input type="checkbox"/> TOKEN	

Total Mileage _____

Total Time _____

NOTE TO RIDER: DO NOT SIGN THIS FORM UNLESS IT IS
COMPLETELY AND ACCURATELY FILLED OUT

\$ 1350 TOTAL METER CHARGE

\$ _____ TOTAL CASH PAID BY RIDER(S)

\$ 1350 UNPAID BALANCE

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND
CORRECT IN ALL RESPECTS.

DRIVER: _____
(SIGNATURE)

APPENDIX D

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SEE NEXT PAGE

CUSTOMER SERVICE FORM

☐ COMPLAINT

☐ SUGGESTION

☐ COMPLIMENT

IDENTITY OF CUSTOMER OR OTHER PERSON					IDENTITY OF VEHICLE		
LAST NAME		FIRST NAME			DATE OF INCIDENT		
ADDRESS					ROUTE NO.	RUN NO.	BUS NO.
CITY	STATE	ZIP CODE	TELEPHONE NUMBER		<input type="checkbox"/> INBOUND	<input type="checkbox"/> OUTBOUND	
DATE OF REPORT	TIME OF REPORT	RECEIVED BY			LOCATION		
BY: <input type="checkbox"/> LETTER <input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN PERSON					OPERATOR (If Appropriate)		

NATURE OF INCIDENT:

- ☐ AC/Heat
- ☐ Accident/Injury
- ☐ Driver Attitude/Conduct
- ☐ Early/Late
- ☐ Equipment
- ☐ Unclean Vehicle

- ☐ Fare Dispute
- ☐ No Show
- ☐ Overcrowding
- ☐ Passed Passengers
- ☐ Scheduling/Routing
- ☐ Other

- ☐ Service Request
- ☐ Stop Signs/Shelters
- ☐ Transfer Dispute
- ☐ Unsafe Operation
- ☐ Drinking, Smoking

COMMENT:

Referred To: _____

Date: _____

INVESTIGATION:

By: _____

Date: _____

RECORD OF FINAL ACTION:

By: _____

Date: _____

Operator Signature (if appropriate) _____

Date: _____

**CERTIFICATION OF LOWER TIER PARTICIPANTS
REGARDING DEBARMENT, SUSPENSION,
AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION**

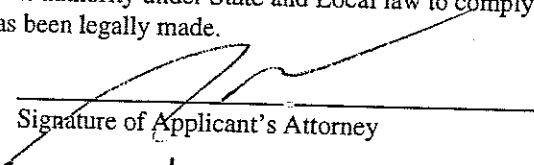
The Lower Tier Participant (potential third party contractor, or potential subcontractor under a major third party contract) Transport Plus of Lincoln Inc. certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, or proposed for debarment in this transaction by any Federal department or agency.

(If the Lower Tier Participant (potential third party contractor, or potential subcontractor under a major third party contract) is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this proposal.)

THE LOWER TIER PARTICIPANT (POTENTIAL THEIR PARTY CONTRACTOR, OR POTENTIAL SUBCONTRACTOR UNDER A MAJOR THIRD PARTY CONTRACT) Transport Plus of Lincoln Inc. CERTIFIES, OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENT SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SECTIONS 3801 ET SEQ. ARE APPLICABLE THERETO.

Vicki Harding, President
Signature & Title of Authorized Official

The undersigned chief legal counsel for the Transport Plus of Lincoln Inc. (entity) hereby certifies that the Transport Plus of Lincoln Inc. (entity) has authority under State and Local law to comply with the subject assurances and that the certification above has been legally made.



Signature of Applicant's Attorney

Date

11/5/04

CONTRACTS \$25,000 TO \$100,000

**CERTIFICATION OF PRIMARY PARTICIPANT
REGARDING DEBARMENT, SUSPENSION,
AND OTHER RESPONSIBILITY MATTERS**

The Primary Participant (potential contractor for a major third party contract), Transport Plus of Lincoln, Inc. certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or Local) terminated for cause or default.

(If the primary participant (potential third party contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.)

CONTRACTS OVER \$100,000

THE PRIMARY PARTICIPANT (POTENTIAL CONTRACTOR FOR A MAJOR THIRD PARTY CONTRACT), Transport Plus of Lincoln, Inc. CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SECTIONS 3801 ED SEQ. ARE APPLICABLE THERETO.

Vicki Harding, President
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

The undersigned chief legal counsel for the Transport Plus of Lincoln Inc. (entity) hereby certifies that the Transport Plus of Lincoln, Inc. has authority under State and Local law to comply with the subject assurances and that the certification above has been legally made.

[Signature]
SIGNATURE OF APPLICANT'S ATTORNEY

Date 11/5/04

CONTRACTS OVER \$100,000

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Vicki Harding President (name and title of official), hereby certify on behalf of Transport Plus of Lincoln, Inc. (name of COMPANY) that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing, attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of the certification is a prerequisite for making or entering into this transaction imposed certification shall be subjected to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 5th day of November, 2004.

President
Title of Authorized Official

Vicki Harding
Signature of Authorized Official

U.S. DEPARTMENT OF TRANSPORTATION DRUG AND ALCOHOL TESTING MIS DATA COLLECTION FORM

Calendar Year Covered by this Report: 2004

OMB No. 2105-0529

I. Employer:

Company Name: Transport Plus of Lincoln, Inc.

Doing Business As (DBA) Name (if applicable): Transport Plus

Address: 1525 Patterson Dr. Lincoln NE 68522

E-mail: vharding@neb.rr

Name of Certifying Official: Vicki Harding

Signature: Vicki Harding

Telephone: (402) 610-7300

Date Certified: 11-5-2004

Prepared by (if different): _____

Telephone: () _____

C/TPA Name and Telephone (if applicable): St. Elizabeths Company Care

(402) 475-6656

Check the DOT agency for which you are reporting MIS data; and complete the information on that same line as appropriate:

☐ FMCSA - Motor Carrier: DOT #: _____ Owner-operator: (circle one) YES or NO Exempt (Circle One) YES or NO

☐ FAA - Aviation: Certificate # (if applicable): _____ Plan / Registration # (if applicable): _____

☐ RSPA - Pipeline: (Check) Gas Gathering _____ Gas Transmission _____ Gas Distribution _____ Transport Hazardous Liquids _____ Transport Carbon Dioxide _____

☐ FRA - Railroad: Total Number of observed/documentated Part 219 "Rule G" Observations for covered employees: _____

☐ USCG - Maritime: Vessel ID # (USCG- or State-Issued): _____ (If more than one vessel, list separately.)

☒ FTA - Transit

II. Covered Employees: (A) Enter Total Number Safety-Sensitive Employees In All Employee Categories:

10

(B) Enter Total Number of Employee Categories:

1

(C)

Employee Category	Total Number of Employees in this Category

If you have multiple employee categories, complete Sections I and II (A) & (B). Take that filled-in form and make one copy for each employee category and complete Sections II (C), III, and IV for each separate employee category.

III. Drug Testing Data:

	1	2	3	4	5	6	7	8	9	10	11	12	13
Type of Test	Total Number Of Test Results [Should equal the sum of Columns 2, 3, 9, 10, 11, and 12]	Verified Negative Results	Verified Positive Results ~ For One Or More Drugs	Positive For Marijuana	Positive For Cocaine	Positive For PCP	Positive For Opiates	Positive For Amphetamines	Refusal Results				Cancelled Results
									Adulterated	Substituted	"Shy Bladder" With No Medical Explanation	Other Refusals To Submit To Testing	
Pre-Employment	1	1											
Random	5	5											
Post-Accident													
Reasonable Susp./Cause													
Return-to-Duty													
Follow-Up													
TOTAL	6	6											

IV. Alcohol Testing Data:

IV. Alcohol Testing Data:

	1	2	3	4	5	6	7	8	9
Type of Test	Total Number Of Screening Test Results [Should equal the sum of Columns 2, 3, 7, and 8]	Screening Tests With Results Below 0.02	Screening Tests With Results 0.02 Or Greater	Number Of Confirmation Tests Results	Confirmation Tests With Results 0.02 Through 0.039	Confirmation Tests With Results 0.04 Or Greater	Refusal Results		Cancelled Results
Pre-Employment							"Shy Bladder" ~ With No Medical Explanation	Other Refusals To Submit To Testing	
Random	1	1							
Post-Accident									
Reasonable Susp./Cause									
Return-to-Duty									
Follow-Up									
TOTAL	1	1							